

Date

CITY OF CENTERVILLE 100 WEST SPRING VALLEY ROAD CENTERVILLE, OHIO 45458



Phone (937) 428-4786 Fax (937) 428-4718 http://www.centervilleohio.gov buildinginspection@centervilleohio.gov

APPLICATION for ELECTRICAL, HVAC and/or PLUMBING CONTRACTOR REGISTRATION (All information must be filled in completely, please type or print legibly)

(All information must be filled in completely, please type or print legibly)					
Company, Firm or Corporation Information				CALENDAR YEAR	
Name:		Name of License Holder:			
Address:		City:	State:	Zip	
Business Phone:	Fax:		Cell Phone:		
E-mail:					
Individual Contractor Registrati	on Information			CALENDAR YEAR	
Name:					
Last		First	_	Middle	
Home Address:					
			Cell Phone:		
L-maii				all the my new registration	
Please check the registration	. , ,	or: IVAC CONTRACTOR	□ PLUMBIN	G CONTRACTOR	
STATE LICENSE # ('s)	(enclose a copy of your License(s))				
There shall be a registration for application at the time the application of the size of the sale of the sale of the calendar years. The sale of t	plication is made. Any trades on a single applic 3 trades for Three-Hur ented with the application ent of the year for which	firm, corporation, concation may receive the ndred and Fifty dollars n. There shall be no proit is to remain in force.	ntractor, property of following discount (\$350.00) provide oration of the regis	owner or other person who at 2 trades for Two-Hundred ed a copy of a valid State stration fee if the application	
Note: There is no individual reg to obtain permits for, install and			HVAC and Plumbin	g Contractors are permitted	
READ THE FOLLOWING CAR	REFULLY				
I hereby agree, if I am register of Centerville and the State of C Codes. I understand it is my o inspections for any projects I co	Ohio and will assist the v bligation to schedule the	rarious inspectors of the	e City of Centerville	e in the enforcement of said	
I hereby certify that the statement	ents made by me in this	application are true and	d correct.		

Signature of Applicant